

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT _____

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THOMAS M. GOULD
CLERK, U.S. DISTRICT COURT
W/D OF TN, MEMPHIS

#482865
Saul Martinez)

_____)

_____)

(Enter above the NAME of the
plaintiff in this action.))

v.)

Medical Department)

at Whiteville Correctional)

Facility)

(Enter above the NAME of each
defendant in this action.))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES () NO (X)

B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. COURT: (If federal court, name the district; if state court, name the county):

3. DOCKET NUMBER: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Whiteville Correctional Facility

A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?
YES () NO ☒ I was told I would be terminated from the drug program if I didn't drop the grievance.

C. If your answer is YES,

1. What steps did you take? I need the program to make parole + Danny Cosby makes us rip them up or kicks us out.

2. What was the result? _____

D. If your answer to B is NO, explain why not. I couldn't afford to get kicked out of the program.

E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES ☒ NO ()

F. If your answer is YES,

1. What steps did you take? told the medical facility they needed to do more to help me + they just give me IBU Profen + thinks it makes me better.

2. What was the result? I have been ignored & in constant pain.

III. PARTIES

(In item A below, please your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

- A. Name of plaintiff: Saul Martinez #482865
Present address: P.O. Box 679 Whiteville, TN 38075
Permanent home address: 2062 Tant Memphis TN 38128
Address of nearest relative: N/A

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

- B. Defendant: Whiteville Correctional Facility Medical

Official position: _____

Place of employment: _____

- C. Additional defendants: _____

IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

On 3-20-12 I fell while playing basketball & dislocated my left arm. I have been telling the

medical facility that something is still wrong because of the constant pain that I'm in but I still haven't seen a doctor. I tried filing a grievance but since I am in the drug program the main person over it Mr. Denny Casby doesn't allow us to file grievances or he terminates us from the program & I needed the program to go home. I am not receiving any help from staff in getting paperwork done or notarized. I am getting released in a couple of days & can pursue further action but please file this for denial of medical treatment & I will take care of all legal fees & obligations. Thank you very much.


V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.
Cite NO cases or statutes.)

I want to file a claim against
Whiteville Correctional facility's
medical department for denial of
medical treatment.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of
my (our) information, knowledge and belief.

Signed this 26th day of July, 20 12


Signature of plaintiff(s)